



APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	SURGICAL DEVICE		
Application Type : regular, utility Attorney Docket Number : A3-1635			
Correspondence address: Customer Number: 27127 			
Inventor Information: <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: US Name prefix: Mr. Given Name: Gregg Middle Name: A. Family Name: VanDusseldorp Residence: City of Residence: Crown Point State of Residence: IN Country of Residence: US Address-1 of Mailing Address: 2177-A Green Valley Dr. Address-2 of Mailing Address: City of Mailing Address: Crown Point State of Mailing Address: IN Postal Code of Mailing Address: 46307 Country of Mailing Address: US Phone: Fax: E-mail:			
Attorney Information: practitioner(s) at Customer Number: 27127 			

as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.